

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150158	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/15/2012
NAME OF PROVIDER OR SUPPLIER  IU HEALTH WEST HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 N RONALD REAGAN PKWY AVON, IN 46123		
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S0000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00104065 Substantiated; deficiencies related to allegations are cited</p> <p>Survey Date: 03-15-12</p> <p>Facility Number: 003776</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 05/01/12</p>	S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0322	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:  (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and interview, the hospital failed to follow hospital policy for the required signatures on Magnetic Resonance Imaging (MRI) and failed to review MRI policies and protocols at least triennially.</p> <p>Findings:</p> <p>1. Review of hospital Policy #: ADM 1.01, entitled POLICY/PROCEDURE REVIEW, Section V. B., last reviewed 01-21-11, indicated policies describing individual department operations are the responsibility of each department. The Section further indicated policies are to be signed by department leadership, (e.g. managers and medical directors, if applicable, and V.P.).</p> <p>2. In interview on 3-15-12 at 10:35 am,</p>	S0322	<p><b>Steps taken to correct deficiency:</b> 1. All Diagnostic Imaging policies, procedures, and protocols including those for Magnetic Resonance Imaging (MRI) were reviewed, approved and signed off on by the medical and clinical department leader. See attached supporting documentation for example of procedure for a Routine MRI without Contrast with approval sign off page. 2. Additional signed copies available if needed.</p> <p><b>Ongoing Monitoring:</b> Department director will review the list of policies and procedures monthly to identify those that require a triennial review, otherwise approval and updated signatures representing the approval will be made when changes are recommended by the American College of Radiology as they guide diagnostic imaging procedures</p>	03/29/2012			

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	<p>employee #A2 indicated protocols could be considered the same as policies and procedures.</p> <p>3. Review of Radiology department MRI polices and procedures (protocols) entitled MRI Protocol Book, notes - MRI Positioning Lab and a notebook - Breast Procedures, indicated they were not signed by a manager and medical director, thus not following hospital policy.</p> <p>4. On 3-15-12 at 10:40 am, employee #A4 was requested to provide documentation of the MRI polices and procedures (protocols) entitled MRI Protocol Book, notes - MRI Positioning Lab and a notebook - Breast Procedures, having been signed by a manager and medical director within the past 3 years. Upon interview on this same date and time, the employee indicated there was no documentation and none was provided prior to exit.</p>		<p>and best practices. <b>Leader Responsible for monitoring of ongoing compliance:</b> Wendy Lalone, MS, RRT, Executive Director of Ambulatory Services.</p>		

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S1186	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (f)(3)(A)(B)(C)(D)(E) (i)(ii)(iii)(iv)(v)</p> <p>(f) The safety management program shall include, but not be limited to, the following: (3) The safety program that includes, but is not limited to, the following:</p> <p>(A) Patient safety. (B) Health care worker safety. (C) Public and visitor safety. (D) Hazardous materials and wastes management in accordance with federal and state rules. (E) A written fire control plan that contains provisions for the following: (i) Prompt reporting of fires. (ii) Extinguishing of fires. (ii) Protection of patients, personnel, and guests. (iv) Evacuation. (v) Cooperation with firefighting authorities.</p> <p>Based on document review and interview, the facility failed to obtain written consent from volunteer staff undergoing a procedure to test a newly installed MRI device and failed to provide documentation the MRI SCREENING FORM had been implemented for the volunteer staff (#A4, #A6, #A7 and #A8).</p> <p>Findings:</p> <p>1. Review of a document entitled MRI SCREENING FORM, indicated it was</p>	S1186	<p><b>Steps taken to correct deficiency:</b> In response to this finding the organization implemented a policy (see attached supporting documentation) ADM 1.06 Volunteers for Application Training/Calibration. The policy requires that all volunteers for testing, training, or calibration will sign a "Release of Liability Waiver" reflecting the individuals consent to participate. The waiver is contained in the submitted supporting documentation for review.</p>	05/16/2012			

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	<p>given to MRI patients prior to their undergoing an MRI procedure. It indicated safety is our [the hospital's] primary concern. It also indicated a long long list of questions to ascertain if there were any factors about the patient's health or other issues [artificial objects on or within the patient's body. etc.] that would alert the hospital staff as to potential problems of interference with the MRI device.</p> <p>2. In interview, on 3-15-12 at 10:10 am, employee #A3 indicated the hospital did not have written consent by volunteers undergoing a procedure to test the newly installed MRI device.</p> <p>3. In interview, on 3-15-12 at 10:25 am, employee #A4 indicated the MRI SCREENING FORM had not been implemented with the test subjects.</p> <p>4. On 3-15-12 at 11:10 am, upon interview, employee #A6 indicated he/she was asked some questions like those appearing on the MRI SCREENING FORM, but did not sign the form prior to undergoing a testing procedure.</p> <p>5. In interview, on 3-15-12 at 11:20 am, employee #A7 indicated he/she had signed the MRI SCREENING FORM and gave it to a Radiology staff member prior</p>		<p>Additionally, the policy states that any medical screening form that is required for a patient receiving the same test/procedure will be completed by the volunteer. A copy of both the screening form and the waiver will be maintained by department leadership for future reference. <b>Ongoing Monitoring:</b> All leaders will be educated on the new policy and requirements at the May Leader's Forum, additionally written education will be distributed to all leaders. <b>Leader Responsible for monitoring of ongoing compliance:</b> Wendy Lalone, MS, RRT, Executive Director of Ambulatory Services</p>				

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	<p>to undergoing a testing procedure.</p> <p>6. In interview, on 3-15-12 at 11:28 am, employee #A8 indicated he/she signed the MRI SCREENING FORM and gave it to a Radiology staff member prior to undergoing a testing procedure.</p> <p>7. In interview, on 3-15-12 at 11:32 am, employee #A9 indicated he/she verbally reviewed the MRI SCREENING FORM with the above employees prior to them undergoing a testing procedure.</p> <p>8. In interview, on 3-15-12 at 11:32 am, employee #A9 was requested to provide documentation of the MRI SCREENING FORM employees #A7 and #A8 indicated as having signed.</p> <p>9. In interview, on 3-15-12 at 11:32 am, employee #A9 indicated he/she could not provide the requested documentation. No other documentation was provided prior to exit.</p>				

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S1232	<p>410 IAC 15-1.5-9 RADIOLOGIC SERVICES 410 IAC 15-1.5-9(c)</p> <p>(c) Procedures and treatments are performed on the written request of individuals and practitioners allowed to order such procedures and treatments and receive the results of the evaluations to the extent permitted by law and authorized by the governing body.</p> <p>Based on interview, the facility failed to have a written request by an appropriate practitioner to perform Magnetic Resonance Imaging (MRI) procedures on 4 of 4 employees (Employees #A5, #A6, #A7 and #A8), as part of a voluntary system to test equipment.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>In interview, on 3-15-12 at 11:03 am, employee #A5 indicated he/she volunteered to have an MRI procedure performed on him/her, as part of a voluntary system to test equipment and confirmed the test was performed.</li> <li>In interview, on 3-15-12 at 11:10 am, employee #A6 indicated he/she volunteered to have an MRI procedure performed on him/her, as part of a voluntary system to test equipment and confirmed the test was performed.</li> </ol>	S1232	<p><b>Steps taken to correct deficiency:</b></p> <p>In response to this finding the organization implemented a policy (see attached supporting documentation) ADM 1.06 Volunteers for Application Training/Calibration. The policy requires that all procedures performed for training, calibration, or validation of equipment will be at the written request of an Indiana University Health West credentialed physician overseeing the training/validation process.</p> <p><b>Ongoing Monitoring:</b></p> <p>All leaders will be educated on the new policy and requirements at the May Leader's Forum, additionally written education will be distributed to all leaders.</p> <p><b>Leader Responsible for</b></p>	05/16/2012			

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	<p>3. In interview, on 3-15-12 at 11:20 am, upon interview, employee #A7 indicated he/she volunteered to have an MRI procedure performed on him/her, as part of a voluntary system to test equipment and confirmed the test was performed.</p> <p>4. In interview, on 3-15-12 at 11:28 am, employee #A8 indicated he/she volunteered to have an MRI procedure performed on him/her, as part of a voluntary system to test equipment and confirmed the test was performed.</p> <p>5. In interview, on 3-15-12 at 11:37 am, employee #A9 indicated there were no policies and procedures for performing radiological procedures on employees as part of a voluntary system to test equipment.</p>		<p><b>monitoring of ongoing compliance:</b> Wendy Lalone, MS, RRT, Executive Director of Ambulatory Services</p>		